



HOPE – HOorses helping PEople, Inc.



2017 HOPE's Summer Learning Outdoor Camp Application

This application is for: ___ Learning Social Skills on the Ranch
 ___ A Hero's Journey with Horses
 ___ Horse Sense

Camper Name: _____

Date of Birth: ____/____/____ Age: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Are you enrolling more than one child from your household? Y ___ N ___

If so, please provide the names of siblings/other children you are enrolling

Home Ph: _____ Camper Cell Ph: _____

Parent or Guardian Cell Ph: _____ Work Ph: _____

Gender (Circle One): Male Female

Current School: _____ Current Grade _____

Parent/Guardian Information

Parent/Guardian

Name: _____

Relationship to Camper _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Other Parent/Guardian

Name: _____

Relationship to Camper: _____

Street Address: _____ Apt# _____

City: _____ State: _____ Zip _____

Home Ph: _____ Cell Ph: _____

Is the Above Person Authorized to Pick Up Your Child at the End of Each Day or in the
Event of an Emergency: Yes / No



HOPE – HOrses helping PEople, Inc.



Emergency Contact Information

The first attempt will be made to contact the camper's parents/guardians. Emergency Contacts listed below must be able to pick your child up in the event of an emergency.

Emergency Contact 1

Name: _____ Relationship to Participant: _____

Home Ph: _____ Cell Ph: _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency. Yes / No

Emergency Contact 2

Name: _____ Relationship to Participant: _____

Home Ph: _____ Cell Ph: _____

Is the Above Person Authorized to Pick-Up My Child at the End of Each Day or in the Event of an Emergency. Yes / No

Additional Authorized Pick-up

1. _____ (Name) (Contact #) (Relationship)

2. _____ (Name) (Contact #)(Relationship)

- All campers may **ONLY** be picked up by the person (s) authorized by the registering parent/guardian.
- Drop off starts at 8:30 AM at HOPE, Camp begins at 9:00 AM
- Camp Ends at 12:00 PM and pickup begins at that time
- NO LATE PICK-UPS
- Please be on time when dropping off and picking up your child.



HOPE – HOorses helping PEople, Inc.



Requirements:

- Be able to follow instructions.
- Be able to move independently.
- Be able to cooperate in a group setting.
- Be able to eat unassisted.
- * NO experience riding necessary

Information for Parents and Guardians (Please keep this for reference)

Tuition (PER CAMPER)

- \$250 for full 1-wk Learning Social Skills on the Ranch
June 5th - 9th, 2017 or June 19th – 23rd
9:00 AM to 12 PM Monday - Friday
- \$250 for 1-wk A Hero's Journey with Horses
June 12th – 16th or June 26th – June 30th
9:00 AM to 12:00 PM Monday - Friday
- Camp fees are due one week before first day of camp

Camp attire

- Campers must wear comfortable clothing that is appropriate for the weather, and bring long pants and closed toe and heel shoes, such as tennis shoes
- Bring a change of clothing, a towel, a hat, sun block and mosquito repellent.

Lunch

- Snacks and water are provided for all campers.
- All campers must bring a cold lunch that does not require heating.

Pick Up / Drop Off

- All campers may ONLY be picked up by the person(s) authorized by the registering parent/guardian.
- Drop off starts at 8:30 AM at HOPE
- Pick up is at 12:00 PM
- Please be on time when dropping off and picking up your child
- ***Please make sure you notify us if your camper will be absent for any reason or if you will be arriving late.***

Contact Information

For more information or to contact camp staff call Cathi Brown 386-365-2788



HOPE – HOorses helping PEople, Inc.



Please indicate current or past special needs in the following systems/areas, including surgery.

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
Vision	___	___	_____
Hearing	___	___	_____
Sensation	___	___	_____
Communication	___	___	_____
Heart	___	___	_____
Breathing	___	___	_____
Digestion	___	___	_____
Elimination	___	___	_____
Circulation	___	___	_____
Emotional	___	___	_____
Behavioral	___	___	_____
Pain	___	___	_____
Bone/Joint	___	___	_____
Muscular	___	___	_____
Thinking/Cognition	___	___	_____
Allergies	___	___	_____

What medications is the participant currently taking, including over-the-counter medications? _____

Describe the participant’s abilities/difficulties in the following areas, including assistance required or equipment needed:

FUNCTION (mobility skills such as transfers, walking, wheelchair use, driving/bus riding) _____

ACTIVITY (endurance climbing stairs, estimated length of time participant can exercise, ability to play during entire recess time, etc.)? _____

SOCIAL (work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.) _____



HOPE – HOorses helping PEople, Inc.



EMERGENCY MEDICAL TREATMENT FORM

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Physician's Name: _____ Preferred Medical Facility _____

Health Company: _____ Policy# _____ Group _____

Allergies: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize HOPE – HOorses helping PEople, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. I agree to assume sole responsibility for all charges fro such treatment.
4. I understand that the Emergency Release Treatment Form will be placed in the barn area, accessible to others, for use only in case of emergency.

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ **Consent Plan Signature:** _____

Client, Parent or Legal Guardian, **signed**

OR

Non-Consent Plan: I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

1. Parent or legal guardian will remain on site at all times during equine assisted activities
2. In the circumstance that I am not on site in violation of HOPE Horses Helping People policy, I will be financially responsible for any emergency treatment .In the event emergency treatment/aid is required, wish the following procedure(s) to take place: _____

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian, **signed**



HOPE – HORSES helping PEople, Inc.



EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS READ BEFORE SIGNING

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by _____ on his/her own behalf HOPE – HORSES HELPING PEOPLE, INC., a Florida not for profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration for the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:
 - The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;
 - The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects.
 - Hazards, including, but not limited to, surface or subsurface conditions;
 - A collision with another equine, another animal, a person, or an object;
 - The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to failing to maintain control over an equine or failing to act within the ability of the participant.
 - The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions.
 - The dangers and risks of tack or harness, loosening, slipping or breaking for whatever reason.
 - The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity.
 - The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason.
 - Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.
3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.
4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the

Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.



HOPE – HOorses helping PEople, Inc.



5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.
6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.
7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.
8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Alachua County, Florida.
9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.
10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

WARNING

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

IN WITNESS WHEREOF, I have set my hand this _____ **day of** _____, 2017

 (Signature of client or client representative) (Printed name)

In the presence of: _____ (Witness)

FOR MINORS UNDER 18 YEARS OF AGE:
 Print Name of Minor (client) _____

Photo Release

I do I Do Not

Consent to and authorize the use and reproduction by HOPE – HOorses helping PEople, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Date: _____

Client Signature: _____

Parent/Guardian Signature (if under 18): _____



HOPE – HOorses helping PEople, Inc.



**Anthony and Nanette Mancuso (and Helping Hooves, LLC)
15304 SW 91st Street
Archer, FL 32618
(352) 495-4399**

LIABILITY RELEASE AGREEMENT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, desire to take horseback riding lessons, engage in therapeutic horse riding or hippotherapy activities under the auspices of a tenant on the property of Anthony and Nanette Mancuso and/or use the horses and facilities of Helping Hooves, LLC and Anthony and Nanette Mancuso's horses and farm and residence, acknowledge that horseback riding and activities incidental thereto are inherently dangerous activities, and further acknowledge that serious injury can result from engaging in horseback riding and activities incidental thereto. In connection with the use and enjoyment of the horses and facilities of Helping Hooves, LLC and Anthony and Nanette Mancuso's horses, farm and residence and/or the furnishing of horseback riding lessons to me and/or therapeutic use of horses for my benefit, I agree on behalf of myself, and my heirs and legal representatives forever to release any member of Anthony and Nanette Mancuso's family and Helping Hooves, LLC and all of their past, present and future employees, tenants on their horse farm property and their respective heirs and legal representatives from, and agree not to sue in connection with any and all damages, claims, demands, rights, and causes of action based upon personal injuries or property damage to me or my death, arising out of horseback riding, lessons, the use of the horses and facilities of Anthony and Nanette Mancuso and Helping Hooves, LLC including stables, grounds, or any activities incidental thereto. I further agree to indemnify Helping Hooves, LLC and Anthony and Nanette Mancuso and to save them harmless from all damages, actions, causes of actions, claims, judgments, executions, debts, cost of litigation and attorney's fees, which may in any way rise out of or result from the furnishing of horseback riding lessons to me, therapeutic use of horses for my benefit and/or the use of the horses or facilities of Helping Hooves, LLC or Anthony and Nanette Mancuso including stables and grounds, by me and/or any activities incidental thereto at any time from the date of this Release until this Release is expressly revoked by me.

I have read and understand the above Release of Liability, Agreement Not To Sue And Indemnity Agreement, and that by executing this Agreement I acknowledge that I am giving up valuable rights.

IN WITNESS WHEREOF, I have set my hand this ____ day of _____

(Signature of participant or guardian)

(Printed name of participant)

In the presence of: _____ (Witness)

WARNING!!! UNDER FLORIDA LAW, an equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in the equine activities resulting from the inherent risk of equine activities.